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**ORAL HISTORY SNAPSHOTS**

**Reflections of Key Leaders Across Time**

*Dr. Sheldon, thank you for adding your perspectives about ACAPT’s evolution to those of other key leaders! What do you think ACAPT’s impact has been thus far in its young history?*

ACAPT has collected representatives from all the academic institutions that house physical therapist education programs into a common voice and has helped the enterprise become more action-oriented. Already, we have examples of products that have been universally endorsed by the membership; the traffic rules and the Clinical Education Summit are two of those. As a young and still maturing organization, we are on the road to realizing the vision to be the leading voice in academic physical therapy.

*What was your role in academic physical therapy through the period of ACAPT’s development and how do you view your leadership opportunity through its new voice?*

Prior to ACAPT, and as a program director, I wanted to be an active participant in the educational enterprise. But, I felt it was a somewhat closed system with a core group that was very hard to break into. I served as Vice Chair of AASIG from 2007-2010 during the time of the critical discussions about forming ACAPT. Because of my academic background in policy and advocacy, I was particularly interested in working with data to drive change in a relatively short period of time. To me, ACAPT’s capacity to do this made my involvement a natural fit. For example, once an idea about clinical education has been adopted it can almost immediately be disseminated across the country given the consortia and networks we have. I joined ACAPT’s Board in its second transition year when the agenda had not been set, served two terms and will be starting my role as Vice President in October. I am excited about taking on more responsibility in the running of the organization and feel I can bring something to the table from my experience as a director!

*With the shift from AASIG to ACAPT, how has organizational leadership changed?*

Initially, ACAPT was perceived as being led by a very small group of powerful individuals with a set agenda to drive the educational enterprise. However, I remember conversations about ACAPT being inclusive and believe it has been very intentional to have representation across the spectrum of physical therapist education. This representation is seen in task forces and committees where diverse perspectives and representations are included. This is a major shift and I am confident now that there is a culture of engaging more and more people in ACAPT’s work and governance. The circle is widening with different people serving on the Board, in leadership roles in the consortia, and on the panels and taskforces. I hope this positive shift continues!

*Do you think ACAPT is recognized outside the education community of PT and in the inter-professional community?*

Disseminating scholarly products in peer reviewed journals will increase recognition, and we are starting to do that (e.g. the diversity task force and the post-summit clinical education panels). But, to ensure that we are recognized as the leading voice in academic physical therapy, we must make sure to evaluate our effectiveness. We will have more legitimacy to external stakeholders if we can track what we do and implement large scale change. We need to understand our track record for change – especially if the collective body decides to do something, but individual programs don’t follow through. For example, we adopted a set of “traffic rules” for admissions, but some programs are not following these rules. Even with the existence of the Educational Leadership Partnership (ELP), ACAPT must be recognized by internal groups as the “go-to body” about topics that come up about education in external venues. People need to say, “you need to talk to the ACAPT leadership.” We still need greater external visibility to achieve the recognition we are aspiring to have – recognition that will be earned through effective action.

*What directions do you think ACAPT should take in the next 2-5 years?*

ACAPT’s work in clinical education is a high priority. The Clinical Education Summit provided recommendations for action - recommendations that are still relevant and need to be addressed. With the clinical practice landscape changing, we need to develop a more rapid, proactive response that drives educational change - while still acknowledging the growing concern about student debt. We need to think first about the students and consider whether the most pressing things on ACAPT’s agenda are in the best interest of our graduates. Diversity is high on the list, as is pursuing connections with more and more external organizations at whose tables we belong and in whose conversations we must participate. Strategic planning is also important. I am glad we don’t continually reinvent the strategic plan, but re-visit it often to monitor its progress, question its priorities and respond to the contemporary needs of education and practice.

*About what should ACAPT’s voice be the loudest?*

The educational enterprise must not ignore the responsibility to disseminate new knowledge and perspective. ACAPT can shorten the time between creating knowledge and implementing change in practice. The movement system conversation is a good example of how ACAPT can facilitate use of existing knowledge in the movement sciences, even in the face of our struggle with terminology. Without ACAPT and its communication systems, this conversation would be disconnected and change not universally adopted. The powerful thing is that, in a matter of days, we now have the capacity to disseminate information widely through the routes and initiatives ACAPT has created. That’s amazing and why it’s great to be part of that!

*ACAPT may make PT the first profession to reduce the length of time it takes to adopt new guidelines for practice or education! Thank you so much, Dr. Sheldon, for your insight, your perceptions, and your excitement about leadership in ACAPT.*